

Connecting via Winsock to STN

Welcome to STN International! Enter x:x

LOGINID:SSSPTA1617SXX

PASSWORD:

TERMINAL (ENTER 1, 2, 3, OR ?):2

* * * * * Welcome to STN International * * * * *

NEWS	1		Web Page for STN Seminar Schedule - N. America
NEWS	2	MAY 01	New CAS web site launched
NEWS	3	MAY 08	CA/CAPplus Indian patent publication number format defined
NEWS	4	MAY 14	RDISCLOSURE on STN Easy enhanced with new search and display fields
NEWS	5	MAY 21	BIOSIS reloaded and enhanced with archival data
NEWS	6	MAY 21	TOXCENTER enhanced with BIOSIS reload
NEWS	7	MAY 21	CA/CAPplus enhanced with additional kind codes for German patents
NEWS	8	MAY 22	CA/CAPplus enhanced with IPC reclassification in Japanese patents
NEWS	9	JUN 27	CA/CAPplus enhanced with pre-1967 CAS Registry Numbers
NEWS	10	JUN 29	STN Viewer now available
NEWS	11	JUN 29	STN Express, Version 8.2, now available
NEWS	12	JUL 02	LEMBASE coverage updated
NEWS	13	JUL 02	LMEDLINE coverage updated
NEWS	14	JUL 02	SCISEARCH enhanced with complete author names
NEWS	15	JUL 02	CHEMCATS accession numbers revised
NEWS	16	JUL 02	CA/CAPplus enhanced with utility model patents from China
NEWS	17	JUL 16	CAPplus enhanced with French and German abstracts
NEWS	18	JUL 18	CA/CAPplus patent coverage enhanced
NEWS	19	JUL 26	USPATFULL/USPAT2 enhanced with IPC reclassification
NEWS	20	JUL 30	USGENE now available on STN
NEWS	21	AUG 06	CAS REGISTRY enhanced with new experimental property tags
NEWS	22	AUG 06	BEILSTEIN updated with new compounds
NEWS	23	AUG 06	FSTA enhanced with new thesaurus edition
NEWS	24	AUG 13	CA/CAPplus enhanced with additional kind codes for granted patents
NEWS	25	AUG 20	CA/CAPplus enhanced with CAS indexing in pre-1907 records
NEWS	26	AUG 27	Full-text patent databases enhanced with predefined patent family display formats from INPADOCDB
NEWS	27	AUG 27	USPATOLD now available on STN
NEWS	28	AUG 28	CAS REGISTRY enhanced with additional experimental spectral property data
NEWS	29	SEP 07	STN AnaVist, Version 2.0, now available with Derwent World Patents Index

NEWS EXPRESS 05 SEPTEMBER 2007: CURRENT WINDOWS VERSION IS V8.2,
CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),
AND CURRENT DISCOVER FILE IS DATED 05 SEPTEMBER 2007.

NEWS HOURS	STN Operating Hours Plus Help Desk Availability
NEWS LOGIN	Welcome Banner and News Items
NEWS IPC8	For general information regarding STN implementation of IPC 8

Enter NEWS followed by the item number or name to see news on that specific topic.

All use of STN is subject to the provisions of the STN Customer agreement. Please note that this agreement limits use to scientific research. Use for software development or design or implementation of commercial gateways or other similar uses is prohibited and may result in loss of user privileges and other penalties.

* * * * * STN Columbus * * * * *

FILE 'HOME' ENTERED AT 11:25:55 ON 07 SEP 2007

=> file caplus medline biosis embase
COST IN U.S. DOLLARS

SINCE FILE	TOTAL
ENTRY	SESSION
0.21	0.21

FULL ESTIMATED COST

FILE 'CAPLUS' ENTERED AT 11:26:21 ON 07 SEP 2007

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.

PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

COPYRIGHT (C) 2007 AMERICAN CHEMICAL SOCIETY (ACS)

FILE 'MEDLINE' ENTERED AT 11:26:21 ON 07 SEP 2007

FILE 'BIOSIS' ENTERED AT 11:26:21 ON 07 SEP 2007

Copyright (c) 2007 The Thomson Corporation

FILE 'EMBASE' ENTERED AT 11:26:21 ON 07 SEP 2007

Copyright (c) 2007 Elsevier B.V. All rights reserved.

=> s allopurinol

L1 26304 ALLOPURINOL

=> s hypertension

L2 831235 HYPERTENSION

=> s high blood pressure

L3 20949 HIGH BLOOD PRESSURE

=> s L2 or L3

L4 836420 L2 OR L3

=> s L1 and L4

L5 1164 L1 AND L4

=> s L5 and (AY<2001 or PY<2001 or PRY<2001)

'2001' NOT A VALID FIELD CODE

'2001' NOT A VALID FIELD CODE

2 FILES SEARCHED...

'2001' NOT A VALID FIELD CODE

'2001' NOT A VALID FIELD CODE

'2001' NOT A VALID FIELD CODE

'2001' NOT A VALID FIELD CODE

L6 540 L5 AND (AY<2001 OR PY<2001 OR PRY<2001)

=> dup rem L6

PROCESSING COMPLETED FOR L6

L7 444 DUP REM L6 (96 DUPLICATES REMOVED)

=> s L5 and (AY<2000 or PY<2000 or PRY<2000)

'2000' NOT A VALID FIELD CODE

'2000' NOT A VALID FIELD CODE

2 FILES SEARCHED...

'2000' NOT A VALID FIELD CODE

'2000' NOT A VALID FIELD CODE

'2000' NOT A VALID FIELD CODE
'2000' NOT A VALID FIELD CODE
L8 503 L5 AND (AY<2000 OR PY<2000 OR PRY<2000)

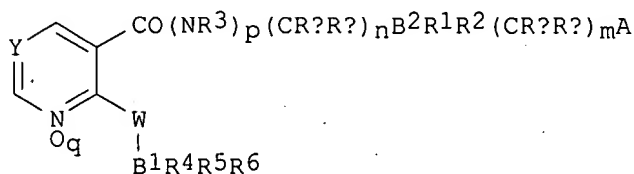
=> dup rem L8
PROCESSING COMPLETED FOR L8
L9 419 DUP REM L8 (84 DUPLICATES REMOVED)

=> d 1-10 L9 ibib abs

L9 ANSWER 1 OF 419 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2002:591707 CAPLUS
DOCUMENT NUMBER: 137:140509
TITLE: Preparation of nicotinamides and mimetics as
inhibitors of phosphodiesterase IV isozymes
INVENTOR(S): Chambers, Robert J.; Magee, Thomas V.; Marfat, Anthony
PATENT ASSIGNEE(S): Pfizer Products Inc., USA
SOURCE: Eur. Pat. Appl., 180 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 3
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 1229034	A1	20020807	EP 2002-250202	20020111
EP 1229034	B1	20050413		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
AT 293109	T	20050415	AT 2002-250202	20020111
ES 2239203	T3	20050916	ES 2002-2250202	20020111
CA 2369462	A1	20020731	CA 2002-2369462	20020129
MX 2002PA01141	A	20020918	MX 2002-PA1141	20020130
US 2002111495	A1	20020815	US 2002-62811	20020131 <--
JP 2002284766	A	20021003	JP 2002-22710	20020131
BR 2002000250	A	20021008	BR 2002-250	20020131
US 2004171798	A1	20040902	US 2004-781062	20040217
US 7250518	B2	20070731		
PRIORITY APPLN. INFO.:			US 2001-265240P	P 20010131
			US 1997-43403P	P 19970404 <--
			US 1998-105120P	P 19981021 <--
			US 2002-62811	B1 20020131

OTHER SOURCE(S): MARPAT 137:140509
GI



I

AB Title compds. [I; p, q = 0, 1; m = 0-2; n = 1, 2; A = CO2R7, CONR9CO2R7; CONR7R9, OP(O)(OH)2, SO3H, acylsulfonamido, etc.; W = O, S, SO, SO2, NR3; Y = N, NO, CR11; R1, R2 = H, F, Cl, cyano, NO2, alkyl, alkynyl, fluoroalkyl, etc.; R3 = H, alkyl, Ph, PhCH2, etc.; R4-R6 = H, F, Cl, alkynyl, cyano, NO2, etc.; R7 = H, (substituted) alkyl, alkenyl, alkynyl; R9 = H, alkyl, cycloalkyl, Ph, PhCH2, pyridyl, etc.; R11 = H, F, Cl, cyano, NO2, alkyl, alkynyl, fluoroalkyl, fluoroalkoxy, etc.; Ra, Rb = H, F, CF3, alkyl, (substituted) cycloalkyl, Ph, PhCH2; B1, B2 = 3-7 membered

(hetero)cyclyl, 7-12 membered poly(hetero)cyclyl; pairs of variables may form rings; with provisos], were prepared (no data). Thus, Me 2-[4-[[[2-(benzo[1,3]dioxol-5-yloxy)pyridine-3-carbonyl]amino]methyl]phenyl]-2-methylpropionate was suspended in Me3COH. Aqueous NaOH was added to the suspension, and the reaction mixture was refluxed 1 h to give 2-[4-[[[2-(benzo[1,3]dioxol-5-yloxy)pyridine-3-carbonyl]amino]methyl]phenyl]-2-methylpropionic acid.

REFERENCE COUNT: 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 2 OF 419 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 2001:338762 CAPLUS

DOCUMENT NUMBER: 134:362292

TITLE: Methods of determining individual hypersensitivity to a pharmaceutical agent from gene expression profile

INVENTOR(S): Farr, Spencer

PATENT ASSIGNEE(S): Phase-1 Molecular Toxicology, USA

SOURCE: PCT Int. Appl., 222 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001032928	A2	20010510	WO 2000-US30474	20001103 <--
WO 2001032928	A3	20020725		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRIORITY APPLN. INFO.: US 1999-165398P P 19991105 <--
US 2000-196571P P 20000411

AB The invention discloses methods, gene databases, gene arrays, protein arrays, and devices that may be used to determine the hypersensitivity of individuals to a given agent, such as drug or other chemical, in order to prevent toxic side effects. In one embodiment, methods of identifying hypersensitivity in a subject by obtaining a gene expression profile of multiple genes associated with hypersensitivity of the subject suspected to be hypersensitive, and identifying in the gene expression profile of the subject a pattern of gene expression of the genes associated with hypersensitivity are disclosed. The gene expression profile of the subject may be compared with the gene expression profile of a normal individual and a hypersensitive individual. The gene expression profile of the subject that is obtained may comprise a profile of levels of mRNA or cDNA. The gene expression profile may be obtained by using an array of nucleic acid probes for the plurality of genes associated with hypersensitivity. The expression of the genes predetd. to be associated with hypersensitivity is directly related to prevention or repair of toxic damage at the tissue, organ or system level. Gene databases arrays and apparatus useful for identifying hypersensitivity in a subject are also disclosed.

L9 ANSWER 3 OF 419 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 2000:861482 CAPLUS

DOCUMENT NUMBER: 134:32977

TITLE: Methods and compositions for the treatment of neuroleptic and related disorders using sertindole

INVENTOR(S): derivatives
 PATENT ASSIGNEE(S): Jerussi, Thomas P.
 SOURCE: Sepracor Inc., USA
 PCT Int. Appl., 33 pp.
 CODEN: PIXXD2
 DOCUMENT TYPE: Patent
 LANGUAGE: English
 FAMILY ACC. NUM. COUNT: 1
 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000072837	A2	20001207	WO 2000-US14984	20000531 <--
WO 2000072837	A3	20010517		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR,
 CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU,
 ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU,
 LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE,
 SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW,
 AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
 RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY,
 DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ,
 CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

US 6489341	B1	20021203	US 2000-580492	20000530 <--
PRIORITY APPLN. INFO.:			US 1999-137447P	P 19990602 <--
			US 2000-580492	A 20000530

AB The invention relates to novel methods using, and pharmaceutical compns.
 and dosage forms comprising, sertindole derivs. Sertindole derivs.
 include, but are not limited to, nor-sertindole, 5-oxo-sertindole,
 dehydro-sertindole, and dehydro-nor-sertindole. The methods of the
 invention are directed to the treatment and prevention of neuroleptic and
 related disorders such as, but are not limited to, psychotic disorders,
 depression, anxiety, substance addiction, memory impairment and pain. For
 example, capsules were prepared containing a sertindole derivative 50.0 mg,
 lactose
 48.5 mg, TiO₂ 0.5 mg, and Mg stearate 1.0 mg.

L9 ANSWER 4 OF 419 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 2000:259979 CAPLUS

DOCUMENT NUMBER: 132:288794

TITLE: Sympathetic nervous system activity-reducing agents
 for treatment of disease- or age-related weight loss
 and for enhancement of exercise performance

INVENTOR(S): Anker, Stefan Dietmar; Coats, Andrew Justin Stewart

PATENT ASSIGNEE(S): Imperial College Innovations Limited, UK

SOURCE: PCT Int. Appl., 72 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000021509	A2	20000420	WO 1999-GB3302	19991015 <--
WO 2000021509	A3	20001109		

W: JP, US

RW: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL,
 PT, SE

EP 1121111	A2	20010808	EP 1999-947762	19991015 <--
------------	----	----------	----------------	--------------

R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
 IE, FI

JP 2002527378	T	20020827	JP 2000-575485	19991015 <--
---------------	---	----------	----------------	--------------

PRIORITY APPLN. INFO.:			GB 1998-22458	A 19981015 <--
------------------------	--	--	---------------	----------------

GB 1998-22459 A 19981015 <--
 GB 1999-17181 A 19990723 <--
 WO 1999-GB3302 W 19991015 <--

AB A method of treating weight loss due to underlying disease in a patient, the method comprising administering to the patient an effective amount of an agent which reduces sympathetic nervous system activity. A method of treating weight loss due to underlying disease in a patient, the method comprising administering to the patient an effective amount of any one or more of the following: a compound which inhibits the effect of aldosterone such as an aldosterone antagonist; a chymase inhibitor; a cathepsin B inhibitor; a β receptor blocker; an imidazoline receptor antagonist; a centrally acting α receptor antagonist; a peripherally acting α receptor antagonist; a ganglion blocking agent; a drug that has an effect on cardiovascular reflexes and thereby reduces SNS activity such as an opiate; scopolamine; an endothelin receptor antagonist; and a xanthine oxidase inhibitor. The methods are particularly useful in treating cardiac cachexia. The sympathetic nervous system activity-reducing agents may also be used to treat weight loss due to aging and to enhance exercise performance.

L9 ANSWER 5 OF 419 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 1999:231552 CAPLUS

DOCUMENT NUMBER: 130:249107

TITLE: System and method for measuring hydrogen peroxide levels in a fluid and method for assessing oxidative stress

INVENTOR(S): Lacy, Fred; Schmid-Schonbein, Geert W.; Gough, David

PATENT ASSIGNEE(S): The Regents of the University of California, USA

SOURCE: PCT Int. Appl., 39 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9915891	A1	19990401	WO 1998-US19013	19980914 <--
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, HR, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
AU 9894805	A	19990412	AU 1998-94805	19980914 <--
PRIORITY APPLN. INFO.:			US 1997-60010P	P 19970925 <--
			WO 1998-US19013	W 19980914 <--

AB The detection system includes a pair of electrochem. hydrogen peroxide sensors, each sensor having working, counter and reference electrodes. A bias voltage is applied to maintain a voltage difference between the working and reference electrodes. A sample aliquot of fluid was treated with either sodium azide or catalase. The sensors are placed in containers containing sufficient amts. of treated fluid to cover the active portions of the electrodes. The output current of each sensor is amplified, and the resulting amplified signals are combined and subtracted to provide a signal which is representative of the level of hydrogen peroxide in the fluid. In a method for assessing oxidative stress, including that related to essential hypertension, the detection system is used to determine a representative level of hydrogen peroxide in blood plasma drawn from a test subject. The level of hydrogen peroxide is directly related to the level of reactive oxygen species in the plasma, and can be used as an accurate predictor of risk for essential hypertension or other

conditions related to oxidative stress. Blood plasma samples of normotensive subjects and patients with essential hypertension were analyzed by the system. When hypertensives were compared with family history neg. normotensives, it was found that the hypertensive group had a higher mean arterial pressure by 23% as well as higher levels of plasma hydrogen peroxide by 48% over the normotensive control.

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 6 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1999309873 EMBASE
TITLE: Penile angioedema possibly related to lisinopril [1].
AUTHOR: Henson E.B.; Bess D.T.; Abraham L.
CORPORATE SOURCE: E.B. Henson, Veterans Affairs Medical Center, 1310 24th Avenue S., Nashville, TN 37212-2637, United States
SOURCE: American Journal of Health-System Pharmacy, (1 Sep 1999) Vol. 56, No. 17, pp. 1773-1774. .
Refs: 7
ISSN: 1079-2082 CODEN: AHSPEK
COUNTRY: United States
DOCUMENT TYPE: Journal; Letter
FILE SEGMENT: 028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
ENTRY DATE: Entered STN: 16 Sep 1999
Last Updated on STN: 16 Sep 1999

L9 ANSWER 7 OF 419 MEDLINE on STN

ACCESSION NUMBER: 1999344723 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10416234
TITLE: [Intraventricular hemorrhage due to the rupture of atherosclerotic dissecting aneurysm of the middle cerebral artery].
Hemorragia intraventricular por rotura de aneurisma disecante ateroscleroso de la arteria cerebral media.
AUTHOR: Bosch J; Mauleon A; Coscojuela P; Porta I; Grive E; Alvarez-Sabin J; Vilalta J; Molins M; Codina A
CORPORATE SOURCE: Unitat Cerebrovascular, Servei de Neurologia, Hospital General i Universitari Vall d'Hebron, Barcelona, Espana.
SOURCE: Revista de neurologia, (May 16-31 1999) Vol. 28, No. 10, pp. 973-5.
Journal code: 7706841. ISSN: 0210-0010.
PUB. COUNTRY: Spain
DOCUMENT TYPE: (CASE REPORTS)
(ENGLISH ABSTRACT)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Spanish
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199912
ENTRY DATE: Entered STN: 13 Jan 2000
Last Updated on STN: 13 Jan 2000
Entered Medline: 29 Dec 1999

AB INTRODUCTION: We present a case of fusiform intracranial aneurysm where, apart from the unusual site, we draw attention to the form of clinical presentation, namely intraventricular haemorrhage. Clinical case. A 68 year-old-man with a history of smoking, hyperuricemia with seizures of gout treated with colchicine and allopurinol, and hypertension treated with captopril. Nine years previously he had a right capsulothalamic haematoma and presented (as a sequela of this) a left sensorimotor deficit, with a good functional level. In December 1998 he was admitted for sudden onset of headache and deterioration of consciousness. He had right limb movements which were typical of

decerebration and made intubation and mechanical ventilation necessary. Cerebral CT, with angiographic sequences, showed blood in the lateral ventricles and III ventricle, with ventricular dilation and a fusiform aneurysm of the left middle cerebral artery. In view of the neurological state of the patient, treatment of the aneurysm was postponed. After initial improvement, which permitted extubation, tetraparesia (predominantly right) and a pseudobulbar syndrome were seen. The patient had repeated respiratory infections and died from sepsis caused by *Pseudomona aeruginosa* (of respiratory origin) three months after admission. CONCLUSIONS: Fusiform intracranial aneurysms form 9% of all aneurysms. Localization to the middle cerebral artery is infrequent, the basilar trunk and internal carotid artery are commoner sites. In our case angio-CT was a useful non-invasive neuro-radiological technique.

L9 ANSWER 8 OF 419 MEDLINE on STN DUPLICATE 1
 ACCESSION NUMBER: 1999420242 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 10492493
 TITLE: Losartan-induced angioedema.
 AUTHOR: Rivera J O
 CORPORATE SOURCE: Cooperative Pharmacy Program, University of Texas Austin, USA.. JRivera@utep.edu
 SOURCE: The Annals of pharmacotherapy, (1999 Sep) Vol. 33, No. 9, pp. 933-5.
 Journal code: 9203131. ISSN: 1060-0280.
 PUB. COUNTRY: United States
 DOCUMENT TYPE: (CASE REPORTS)
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199910
 ENTRY DATE: Entered STN: 26 Oct 1999
 Last Updated on STN: 26 Oct 1999
 Entered Medline: 12 Oct 1999
 AB OBJECTIVE: To report a case of angioedema associated with losartan administration. CASE SUMMARY: A 45-year-old white man with a history of hypertension and gout was treated with losartan/hydrochlorothiazide, allopurinol, and colchicine. The patient experienced two episodes of angioedema within a 10-hour period. On both occasions the symptoms resolved after treatment. DISCUSSION: Angiotensin-converting enzyme (ACE) inhibitors are associated with a relatively high incidence of angioedema. The incidence of angioedema secondary to losartan, an angiotensin II receptor antagonist, is unknown. The patient reported in this case differs significantly from the two cases reported in the literature because he had normal renal function, no previous exposure to ACE inhibitors, the reaction was of late onset, and the symptoms recurred. CONCLUSIONS: This case suggests that losartan can induce late-onset angioedema in patients with normal renal function and that the reaction can recur after initial resolution of the symptoms.

L9 ANSWER 9 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
 ACCESSION NUMBER: 1999346935 EMBASE
 TITLE: [Pre-test: Questions].
 QUESTIONS DE PRE-TEST.
 AUTHOR: Mallat A.
 CORPORATE SOURCE: A. Mallat, Svc. d'Hepatologie/Gastroenterologie, Hopital Henri-Mondor, 94010 Creteil, France
 SOURCE: Gastroenterologie Clinique et Biologique, (1999) Vol. 23, No. 8-9, pp. 904-905+926.
 ISSN: 0399-8320 CODEN: GCBIDC
 COUNTRY: France
 DOCUMENT TYPE: Journal; Note
 FILE SEGMENT: 037 Drug Literature Index
 038 Adverse Reactions Titles

048 Gastroenterology
LANGUAGE: French
ENTRY DATE: Entered STN: 21 Oct 1999
Last Updated on STN: 21 Oct 1999

L9 ANSWER 10 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1999233356 EMBASE
TITLE: Erythema multiforme possibly due to phenytoin.
AUTHOR: Marinella M.A.
CORPORATE SOURCE: Dr. M.A. Marinella, Acute Care Consultants, Inc., 33 W. Rahn Rd., Dayton, OH 45429, United States.
Mmarinelta@pol.net
SOURCE: Annals of Pharmacotherapy, (1999) Vol. 33, No. 6, pp. 748.
ISSN: 1060-0280 CODEN: APHRER
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
ENTRY DATE: Entered STN: 2 Aug 1999
Last Updated on STN: 2 Aug 1999

=> d 11-20 ibib abs

L9 ANSWER 11 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1999399434 EMBASE
TITLE: Guidelines on treatment hypertension in the elderly - 1999 Revised version.
AUTHOR: Hiwada K.; Ogihara T.; Morimoto S.; Matsumo M.; Iwai K.; Takasaki M.; Matsuoka H.; Takishita S.; Higashiura Y.; Toba K.; Kozaki K.; Eto M.; Abe I.; Fujishima M.; Kohara K.; Mikami H.
SOURCE: Japanese Journal of Geriatrics, (1999) Vol. 36, No. 8, pp. 576-603.
Refs: 154
ISSN: 0300-9173 CODEN: NIRZAL
COUNTRY: Japan
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
020 Gerontology and Geriatrics
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: Japanese
ENTRY DATE: Entered STN: 2 Dec 1999
Last Updated on STN: 2 Dec 1999

L9 ANSWER 12 OF 419 MEDLINE on STN

ACCESSION NUMBER: 1999176443 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10078557
TITLE: Acute vasoconstriction-induced insulin resistance in rat muscle in vivo.
AUTHOR: Rattigan S; Clark M G; Barrett E J
CORPORATE SOURCE: Department of Biochemistry, University of Tasmania, Hobart, Tasmania, Australia.. s.rattigan@utas.edu.au
CONTRACT NUMBER: DK38578 (NIDDK)
SOURCE: Diabetes, (1999 Mar) Vol. 48, No. 3, pp. 564-9.
Journal code: 0372763. ISSN: 0012-1797.
PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
(RESEARCH SUPPORT, U.S. GOV'T, P.H.S.)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199903
ENTRY DATE: Entered STN: 13 Apr 1999
Last Updated on STN: 13 Apr 1999
Entered Medline: 30 Mar 1999

AB Insulin-mediated changes in blood flow are associated with altered blood flow distribution and increased capillary recruitment in skeletal muscle. Studies in perfused rat hindlimb have shown that muscle metabolism can be regulated by vasoactive agents that control blood flow distribution within the hindlimb. In the present study, the effects of a vasoconstrictive agent that has no direct effect on skeletal muscle metabolism but that alters perfusion distribution in rat hindlimb was investigated in vivo to determine its effects on insulin-mediated vascular action and glucose uptake. We measured the effects of alpha-methylserotonin (alpha-met5HT) on mean arterial blood pressure, heart rate, femoral blood flow, hindlimb vascular resistance, and glucose uptake in control and euglycemic insulin-clamped ($10 \text{ mU} \times \text{min}^{-1} \times \text{kg}^{-1}$) anesthetized rats. Blood flow distribution within the hindlimb muscles was assessed by measuring the metabolism of 1-methylxanthine (1-MX), an exogenously added substrate for capillary xanthine oxidase. Alpha-met5HT ($20 \text{ microg} \times \text{min}^{-1} \times \text{kg}^{-1}$) infusion alone increased mean arterial blood pressure by 25% and increased hindlimb vascular resistance but caused no change in femoral blood flow. These changes were associated with decreased hindlimb 1-MX metabolism indicating less capillary flow. Insulin infusion caused decreased hindlimb vascular resistance that was associated with increased femoral blood flow and 1-MX metabolism. Treatment with alpha-met5HT infusion commenced before insulin infusion prevented the increase in femoral blood flow and inhibited the stimulation of 1-MX metabolism. Alpha-met5HT infusion had no effect on hindlimb glucose uptake but markedly inhibited the insulin stimulation of glucose uptake ($P < 0.05$) and was associated with decreased glucose infusion rates to maintain euglycemia ($P < 0.05$). A significant correlation ($P < 0.05$) was observed between 1-MX metabolism and hindlimb glucose uptake but not between femoral blood flow and glucose uptake. The results indicate that in vivo, certain types of vasoconstriction in muscle such as elicited by 5HT₂ agonists, which prevent normal insulin recruitment of capillary flow, cause impaired muscle glucose uptake. Moreover, if vasoconstriction of this kind results from stress-induced increase in sympathetic outflow, then this may provide a clue as to the link between hypertension and insulin resistance that is often observed in humans.

L9 ANSWER 13 OF 419 CAPLUS COPYRIGHT 2007 ACS on STN DUPLICATE 2

ACCESSION NUMBER: 1999:717166. CAPLUS
DOCUMENT NUMBER: 132:192650
TITLE: Pathogenic role of oxidative stress in vascular
angiotensin-converting enzyme activation in long-term
blockade of nitric oxide synthesis in rats
AUTHOR(S): Usui, Makoto; Egashira, Kensuke; Kitamoto, Shiro;
Koyanagi, Masamichi; Katoh, Makoto; Kataoka, Chu;
Shimokawa, Hiroaki; Takeshita, Akira
CORPORATE SOURCE: Research Institute of Angiocardiology and
Cardiovascular Clinic, Kyushu University Faculty of
Medicine, Fukuoka, 812-8582, Japan
SOURCE: Hypertension (1999), 34(4, Pt. 1), 546-551
CODEN: HPRTDN; ISSN: 0194-911X
PUBLISHER: Lippincott Williams & Wilkins
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Inhibition of nitric oxide (NO) synthesis with N^ω-nitro-L-arginine
Me ester (L-NAME) activates vascular angiotensin-converting enzyme (ACE)

and causes oxidative stress. We investigated the role of oxidative stress in the pathogenesis of ACE activation in rats. Studies involved aortas of rats receiving no treatment, L-NAME, L-NAME plus L-arginine, or L-NAME plus an antioxidant drug (N-acetylcysteine, allopurinol, or ebselen) for 7 days. L-NAME significantly increased oxidative stress (O₂⁻) and ACE activity. The increased O₂⁻ production was normalized by removal of endothelium. Immunohistochem. showed the increased ACE activity in the endothelial layer. Treatment with antioxidant drugs did not affect the L-NAME-induced increase in systolic arterial pressure but did prevent increases in vascular O₂⁻ production and ACE activity. These results implicate oxidative stress in the pathogenesis of vascular ACE activation in rats with long-term inhibition of NO synthesis. The observed effects of antioxidant drugs on ACE activation do not appear to involve the hypertension induced by L-NAME.

REFERENCE COUNT: 40 THERE ARE 40 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 14 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1999355727 EMBASE
 TITLE: The epidemiology of cataract in Australia.
 AUTHOR: McCarty C.A.; Mukesh B.N.; Fu C.L.; Taylor H.R.
 CORPORATE SOURCE: C.A. McCarty, Centre for Eye Research Australia, 32
 Gisborne St., East Melbourne, Vic. 3002, Australia.
 cathy@cera.unimelb.edu.au
 SOURCE: American Journal of Ophthalmology, (1999) Vol. 128, No. 4,
 pp. 446-465. .
 Refs: 52
 ISSN: 0002-9394 CODEN: AJOPAA
 PUBLISHER IDENT.: S 0002-9394(99)00218-4
 COUNTRY: United States
 DOCUMENT TYPE: Journal; Article
 FILE SEGMENT: 012 Ophthalmology
 017 Public Health, Social Medicine and Epidemiology
 020 Gerontology and Geriatrics
 037 Drug Literature Index
 005 General Pathology and Pathological Anatomy
 LANGUAGE: English
 SUMMARY LANGUAGE: English
 ENTRY DATE: Entered STN: 29 Oct 1999
 Last Updated on STN: 29 Oct 1999

AB PURPOSE: To describe the prevalence and risk factors for cataract in an Australian population aged 40 years and older. METHODS: Participants were recruited by a household census and stratified, random cluster sampling to represent residents of Victoria, Australia, aged 40 years and older. The following information was collected: initial visual acuity and best-corrected visual acuity, demographic details, health history, dietary intake of antioxidants, lifetime ocular ultraviolet B exposure, and clinical eye examination, including lens photography. Cortical opacities were measured in sixteenths. Cortical cataract was defined as opacity greater than or equal to 4/16 of pupil circumference. Nuclear opacities were graded according to the Wilmer cataract grading scheme, and cataract was defined as greater than or equal to nuclear standard 2.0 of four standards. The height and width of any posterior subcapsular opacity was measured and recorded. Posterior subcapsular cataract was defined as posterior subcapsular opacity greater than or equal to 1 mm². The worse eye was selected for analysis. Backward stepwise logistic regression was used to quantify independent risk factors for cataract. RESULTS: A total of 3,271 (83% of eligible) of the urban residents, 403 (90% of eligible) nursing home residents, and 1,473 (92% of eligible) rural residents participated. The urban residents ranged in age from 40 to 98 years (mean, 59 years), and 1,511 (46%) were men. The nursing home residents ranged in age from 46 to 101 years (mean, 82 years), and 85 (21%) were men. The rural residents ranged in age from 40 to 103 years (mean, 60

years), and 701 (47.5%) were men. The overall weighted rate of cortical cataract was 11.3% (95% confidence limits, 9.68%, 13.0%) excluding cataract surgery and 12.1% (95% confidence limits, 10.5%, 13.8%) including cataract surgery. The risk factors for cortical cataract that remained in the multivariate logistic regression model were age, female gender, diabetes duration greater than 5 years, gout duration greater than 10 years, arthritis diagnosis, myopia, use of oral beta-blockers, and increased average annual ocular ultraviolet B exposure. Overall, 12.6% (95% confidence limits, 9.61%, 15.7%) of Victorians aged 40 years and older had nuclear cataract including previous cataract surgery, and 11.6% (95% confidence limits, 8.61%, 14.7%) had nuclear cataract excluding previous cataract surgery. In the urban and rural cohorts, age, female gender, rural residence, brown irides, diabetes diagnosed 5 or more years earlier, myopia, age-related maculopathy, having smoked for greater than 30 years, and an interaction between ocular ultraviolet B exposure and vitamin E were all risk factors for nuclear cataract. The rate of posterior subcapsular cataract excluding previous cataract surgery was 4.08% (95% confidence limits, 3.01%, 5.14%), whereas the overall rate of posterior subcapsular cataract including previous cataract surgery was 4.93% (95% confidence limits, 3.68%, 6.17%). The independent risk factors for posterior subcapsular cataract in the urban and rural cohorts that remained were age in years, rural location, use of thiazide diuretics, vitamin E intake, and myopia.

CONCLUSIONS: The expected increase in the prevalence of cataract with the aging of the population highlights the need to plan appropriate medical services and public health interventions for primary and secondary prevention. Many of the identified risk factors for cataract in the population have the potential for being modified through public health interventions. Copyright (C) 1999 Elsevier Science Inc.

L9 ANSWER 15 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1999335389 EMBASE
 TITLE: Gout and hyperuricemia.
 AUTHOR: Stanaszek M.B.
 CORPORATE SOURCE: M.B. Stanaszek, c/o Dr. Walter F. Stanaszek, Health Care Consultants, 402 North Sherry Avenue, Norman, OK 73069, United States
 SOURCE: Journal of Pharmacy Practice, (1999) Vol. 12, No. 4, pp. 326-334. .
 Refs: 25
 ISSN: 0897-1900 CODEN: JPPREU
 COUNTRY: United States
 DOCUMENT TYPE: Journal; Article
 FILE SEGMENT: 031 Arthritis and Rheumatism
 037 Drug Literature Index
 038 Adverse Reactions Titles
 LANGUAGE: English
 SUMMARY LANGUAGE: English
 ENTRY DATE: Entered STN: 7 Oct 1999
 Last Updated on STN: 7 Oct 1999

AB Gout is recognized by sudden onsets of joint pain and swelling caused by imbalances in production and excretion of uric acid. Hyperuricemia is a risk factor for gout, however, not all patients with hyperuricemia will develop gout. Other risk factors include hypertension, renal insufficiency, obesity, excessive alcohol consumption, high purine diets, and medications such as thiazide diuretics and low dose aspirin. Management of gout and hyperuricemia can be achieved through inhibiting urate synthesis, enhancing urate excretion, or both. Medications to treat gout include NSAIDs, colchicine, and glucocorticosteroids. Chronic therapy with uricosuric agents or xanthine oxidase inhibitors may be necessary for those with recurrent attacks.

L9 ANSWER 16 OF 419 MEDLINE on STN

ACCESSION NUMBER: 1999358735 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 10431788
 TITLE: Role of UW solution and sodium nitroprusside in reperfusion of liver xenografts from guinea-pig to rat.
 AUTHOR: Miki T; Subbotin V; Goller A L; Tandin A; Rao A S; Fung J J; Valdivia L A
 CORPORATE SOURCE: Thomas E. Starzl Transplantation Institute and the Department of Surgery, University of Pittsburgh Medical Center, PA 15261, USA.
 CONTRACT NUMBER: DK 29961 (NIDDK)
 SOURCE: Xenotransplantation, (1999 May) Vol. 6, No. 2, pp. 117-22.
 Journal code: 9438793. ISSN: 0908-665X.
 PUB. COUNTRY: Denmark
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
 (RESEARCH SUPPORT, NON-U.S. GOV'T)
 (RESEARCH SUPPORT, U.S. GOV'T, P.H.S.)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199909
 ENTRY DATE: Entered STN: 21 Sep 1999
 Last Updated on STN: 21 Sep 1999
 Entered Medline: 8 Sep 1999

AB Guinea-pig livers are poorly reperfused when transplanted into rats. We have observed that, in contrast to that of the rat, the guinea-pig intrahepatic portal vein (PV) has a thick layer of smooth muscle. It is possible that, after perfusion of the liver with ice-cold saline, this could go into spasm, resulting in poor reperfusion. To test this hypothesis, guinea-pig livers were perfused with different solutions stored at varying temperatures and transplanted into LEW rats. To prevent xenograft hyperacute rejection, all xenograft recipients were treated with 80 U/kg cobra venom factor (CVF) i.v. on days -1 and 0. In addition to the percentage reperfusion, PV resistance and recipient survival were also monitored. In group I, liver xenografts perfused with ice-cold saline (4 degrees C) reperfused poorly (20-30%), resulting in the development of portal hypertension (16.5 cmH₂O vs. 12 cmH₂O in naive LEW rats) and shortened mean survival time (11.7 +/- 4.2 h). In contrast, group II livers perfused with saline at room temperature (23 degrees C) underwent homogeneous reperfusion (98-100%) with no increase in portal vein resistance, indicating that low temperature was the main trigger for the spasm of the PV. Moreover, recipient survival in this group was significantly prolonged to a mean of 22 + 2.6 h (P < 0.01). Although UW solution (group III) and the vasodilator sodium nitroprusside (NP) (group IV) when used alone improved the degree of hepatic reperfusion, it was still not optimal. The supplementation, however, of UW solution with NP in group V animals resulted in homogeneous reperfusion (98%) with no portal hypertension and consistent prolonged graft survival of 21.0 +/- 1.7 h. Therefore, this study has determined that the riddle of the abnormal reperfusion of guinea-pig liver xenografts by rat blood is nonimmune mediated and is due to the spasm of the strong smooth muscle in the PV tree produced by cold perfusates.

L9 ANSWER 17 OF 419 MEDLINE on STN DUPLICATE 3
 ACCESSION NUMBER: 1999313891 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 10386113
 TITLE: Gout: beyond the stereotype.
 AUTHOR: Jones R E; Ball E V
 CORPORATE SOURCE: Division of Clinical Immunology, University of Alabama School of Medicine, Birmingham, USA.
 SOURCE: Hospital practice (1995), (1999 Jun 15) Vol. 34, No. 6, pp. 95-102; discussion 102-3; quiz 133.
 Journal code: 101268948.
 PUB. COUNTRY: United States
 DOCUMENT TYPE: (CASE REPORTS)

Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199907
ENTRY DATE: Entered STN: 27 Jul 1999
Last Updated on STN: 27 Jul 1999
Entered Medline: 12 Jul 1999

AB Not all gout presents with involvement of the big toe, and not all gout patients are middle-aged men. Chronic gout may mimic rheumatoid arthritis; hyperuricemia may develop in postmenopausal women and in organ transplant recipients who are being treated with immunosuppressive agents. Both classic and nonclassic cases may benefit from new therapeutic agents.

L9 ANSWER 18 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1999341159 EMBASE
TITLE: [CEET: Care for the elderly in European towns].
IL PROGETTO CEET (CARE FOR ELDERLY IN EUROPEAN TOWNS):
RAPPORTO GENERALE E PERCORSI DI ANALISI E LETTURA DEI DATI.
AUTHOR: Florio E.; Fruttero C.; Ferraro L.; Marrazzo L.; Romero M.;
Arboretti R.; Tognoni G.
CORPORATE SOURCE: E. Florio, Servizio Farmaceutico Territoriale, ASL 4,
Torino, Italy
SOURCE: Giornale Italiano di Farmacia Clinica, (1999) Vol. 13, No.
2, pp. 73-85. .
Refs: 21
ISSN: 1120-3749 CODEN: GIFCEN
COUNTRY: Italy
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 006 Internal Medicine
017 Public Health, Social Medicine and Epidemiology
020 Gerontology and Geriatrics
037 Drug Literature Index
LANGUAGE: Italian
SUMMARY LANGUAGE: English; Italian
ENTRY DATE: Entered STN: 17 Oct 1999
Last Updated on STN: 17 Oct 1999

AB An international epidemiological survey on ambulatory elderly patients was carried out in five European countries. It was based on a network of clinical pharmacists who are willing to coordinate a small group of GPs working in an urban environment. The objective was to provide a comparative epidemiological profile of the pharmacological care made available to ambulatory elderly patients. A total of 247 doctors were involved and 6,435 elderly patients were included. 35% of recruited patients were more than 80 years old and 43% were male. All patients had at least 1 health problem (average 2,5 problems for patients). Essential hypertension was the most common pathology followed by diabetes, osteoarticular disease, myocardial ischemia and osteoporosis for women and prostatic hyperplasia for men. Overall use of drugs was 2,9 both for men and women, and about one-third of the elderly recruited took four or more drugs daily. Cardiovascular alimentary tract and nervous system drugs were the most frequently used.

L9 ANSWER 19 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1999121928 EMBASE
TITLE: The use of over-the-counter medications by transplant recipients: A guideline.
AUTHOR: Ellingson T.; Wipke-Tevis D.; Messina C.; Livesay T.
CORPORATE SOURCE: T. Ellingson, Boone Hospital, Columbia, MO, United States
SOURCE: Journal of Transplant Coordination, (1999) Vol. 9, No. 1,
pp. 17-24. .
Refs: 19
ISSN: 0905-9199 CODEN: JTCOEI

COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 026 Immunology, Serology and Transplantation
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 22 Apr 1999
Last Updated on STN: 22 Apr 1999

AB Over-the-counter medications are becoming increasingly available to the general public. One of the issues facing clinicians working with transplant recipients is how to advise patients regarding management of symptoms associated with common ailments. Minimal literature is available to assist the transplant coordinators in this process. This article describes the usual immunosuppressants prescribed for transplant recipients and the over-the-counter medications used to manage these symptoms, and provides recommendations for over-the-counter medications with the least side effects.

L9 ANSWER 20 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1999238054 EMBASE
TITLE: Alleviation of nephropathy induced by immunosuppressive agents.
AUTHOR: Fujimura A.
CORPORATE SOURCE: A. Fujimura, Department of Clinical Pharmacology, Jichi Medical School, Tochigi 329-0498, Japan
SOURCE: Clinical and Experimental Nephrology, (1999) Vol. 3, No. SUPPL. 1, pp. S64-S69. .
Refs: 66
ISSN: 1342-1751 CODEN: CENPFV

COUNTRY: Japan
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 028 Urology and Nephrology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 27 Jul 1999
Last Updated on STN: 27 Jul 1999

AB The development of effective immunosuppressive agents such as ciclosporin (cyclosporine) and tacrolimus has advanced treatment of organ transplantation. However, nephropathy is often induced by these agents and limits their optimal dosing. Nephropathy is characterized by arteriolopathy and a striped tubulointerstitial fibrosis, which is mediated through the potential mediators including endothelin, thromboxane A2 and transforming growth factor- β 1. In many cases, nephropathy is reversible with dosage reduction. Conversion to another immunosuppressive agent may also be beneficial. Several categories of drug are proposed for alleviation of nephropathy induced by these immunosuppressive agents. The efficacy of calcium channel blockers and neutral endopeptidase inhibitor, which inhibit the degradation of atrial natriuretic peptide, has only been confirmed in clinical transplantation.

=> d 21-30 ibib abs

L9 ANSWER 21 OF 419 CAPLUS COPYRIGHT 2007 ACS on STN DUPLICATE 4
ACCESSION NUMBER: 1999:56067 CAPLUS
DOCUMENT NUMBER: 130:218034
TITLE: Exposure to allopurinol and the risk of cataract extraction in elderly patients

AUTHOR(S): Garbe, Edeltraut; Suissa, Samy; LeLorier, Jacques
CORPORATE SOURCE: Potsdam Institute of Pharmacoepidemiology, Technology
Assessment, Potsdam, Germany
SOURCE: Archives of Ophthalmology (Chicago) (1998),
116(12), 1652-1656
CODEN: AROPAW; ISSN: 0003-9950
PUBLISHER: American Medical Association
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Objective: To determine whether exposure to allopurinol is associated with an increased risk of cataract extraction in elderly patients. Methods: We conducted a case-control study using data from the Quebec universal health insurance program for all elderly patients. The 3677 cases were patients with a cataract extraction between 1992 and 1994. The 21 868 controls were randomly selected among patients not diagnosed with cataract and matched to cases on the date of the extraction. We determined the odds ratio of cataract extraction according to the cumulative dose and duration of allopurinol use relative to nonusers, using conditional logistic regression anal. The anal. was adjusted for the effects of age, sex, diabetes mellitus, hypertension, glaucoma, and ophthalmic and oral corticosteroid exposure. Results: A cumulative dose of allopurinol of more than 400 g or a duration of use of longer than 3 yr were associated with an increased risk of cataract extraction, with odds ratios of 1.82 (95% confidence interval [CI], 1.18-2.80) and 1.53 (95% CI, 1.12-2.08), resp. No increase in risk was observed for lower cumulative doses or shorter exposure periods. Conclusion: Long-term administration of allopurinol increases the risk of cataract extraction in elderly patients.

REFERENCE COUNT: 29 THERE ARE 29 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 22 OF 419 MEDLINE on STN DUPLICATE 5
ACCESSION NUMBER: 1999039798 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9824192
TITLE: Simultaneous mucosal and small bowel angioedema due to captopril.
AUTHOR: Smoger S H; Sayed M A
CORPORATE SOURCE: Department of Internal Medicine, University of Louisville and Department of Veterans Affairs, KY 40292, USA;
SOURCE: Southern medical journal, (1998 Nov) Vol. 91, No. 11, pp. 1060-3.
Journal code: 0404522. ISSN: 0038-4348.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199812
ENTRY DATE: Entered STN: 15 Jan 1999
Last Updated on STN: 15 Jan 1999
Entered Medline: 1 Dec 1998

AB Although angiotensin-converting enzyme inhibitors (ACEIs) are well-known causes of orofacial angioedema, angioedema from these agents involving the bowel is not often considered. We report a case of simultaneous onset of small bowel and orofacial angioedema due to captopril. A 61-year-old black man with hypertension, coronary artery disease, and congestive heart failure had been treated with captopril for 5 years. He had sudden swelling of the lips, face, and tongue, followed by nausea, emesis, abdominal pain, and diarrhea. Other medications included aspirin, indomethacin, allopurinol, colchicine, and nifedipine. Examination showed swelling of the tongue, buccal mucosa, and neck; he also had midabdominal tenderness but no respiratory distress. Laboratory data were normal. A C1-esterase inhibitor level was normal. An ileus pattern was present on abdominal x-ray film. Angioedema was diagnosed,

and all signs and symptoms resolved in 24 hours after captopril was discontinued. Clinicians need to be vigilant for bowel involvement from ACEI angioedema.

L9 ANSWER 23 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1998117157 EMBASE
TITLE: 'Bad dietary habits' and recurrent calcium oxalate nephrolithiasis.
AUTHOR: Hess B.
CORPORATE SOURCE: Dr. B. Hess, Department of Medicine, University Hospital, CH-3010 Berne, Switzerland
SOURCE: Nephrology Dialysis Transplantation, (1998) Vol. 13, No. 4, pp. 1033-1038. .
Refs: 33
ISSN: 0931-0509 CODEN: NDTREA
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 005 General Pathology and Pathological Anatomy
006 Internal Medicine
028 Urology and Nephrology
037 Drug Literature Index
LANGUAGE: English
ENTRY DATE: Entered STN: 29 Apr 1998
Last Updated on STN: 29 Apr 1998

L9 ANSWER 24 OF 419 CAPLUS COPYRIGHT 2007 ACS on STN DUPLICATE 6

ACCESSION NUMBER: 1998:797069 CAPLUS
DOCUMENT NUMBER: 130:195182
TITLE: Increased kidney xanthine oxidoreductase activity in salt-induced experimental hypertension
AUTHOR(S): Laakso, Juha; Mervaala, Eero; Himberg, Jaakko-Juhani; Teravainen, Terttu-Liisa; Karppanen, Heikki; Vapaatalo, Heikki; Lapatto, Risto
CORPORATE SOURCE: Institute of Biomedicine, Departments of Pharmacology and Toxicology, University of Helsinki, Helsinki, FIN-00014, Finland
SOURCE: Hypertension (1998), 32(5), 902-906
CODEN: HPRTDN; ISSN: 0194-911X
PUBLISHER: Lippincott Williams & Wilkins
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Clin. and exptl. studies have established an association between high sodium intake and arterial hypertension. The renal mechanisms resulting in impaired sodium excretion in hypertension-prone subjects are not clear. In hypertension-prone rats, high blood pressure results in increased renal mass and hemodynamic changes, both of which may alter renal oxygen distribution. Xanthine oxidoreductase (XOR) oxidizes ATP metabolites hypoxanthine and xanthine to urate. Because XOR is induced by hypoxia, we assessed kidney XOR activity in 2 models of salt-sensitive hypertension, spontaneously hypertensive rats (SHR) and Dahl salt-sensitive (Dahl S) rats. Increasing sodium intake from basal (0.08%) to high (2.56% weight/dry weight in the diet) increased renal XOR activity dose-dependently from 68 to 143 μ U/mg protein in the Dahl S, but not in Dahl salt-resistant (Dahl R) rats. On basal and high sodium diets, SHR had higher renal XOR activity (101 and 134 μ U/mg protein, resp.) than normotensive Wistar-Kyoto rats (55 and 58 μ U/mg protein). Sodium restriction (0.02% weight/weight) downregulated kidney XOR activity in both

Dahl S and R rats by nearly 40%. In SHR, allopurinol treatment totally inhibited renal XOR activity, but neither systolic blood pressure nor renal mass changed. The results suggest that renal XOR induction is a consequence of increased salt intake or the resulting hypertension

. However, further studies on renal XOR activity during the development of hypertension are needed to assess the importance of XOR in the pathophysiol. of arterial hypertension.

REFERENCE COUNT: 30 THERE ARE 30 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 25 OF 419 CAPLUS COPYRIGHT 2007 ACS on STN DUPLICATE 7

ACCESSION NUMBER: 1998:350193 CAPLUS

DOCUMENT NUMBER: 129:93348

TITLE: Nitric oxide exposure inhibits endothelial NOS activity but not gene expression: a role for superoxide

AUTHOR(S): Sheehy, A. Macduff; Burson, Michael A.; Black, Stephen M.

CORPORATE SOURCE: Department of Pediatrics, University of California, San Francisco, CA, 94143-0106, USA

SOURCE: American Journal of Physiology (1998), 274(5, Pt. 1), L833-L841

CODEN: AJPHAP; ISSN: 0002-9513

PUBLISHER: American Physiological Society

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Recent studies have characterized a rebound pulmonary vasoconstriction with abrupt withdrawal of inhaled nitric oxide (NO) during therapy for pulmonary hypertension, suggesting that inhaled NO may downregulate basal NO production. However, the exact mechanism of this rebound pulmonary hypertension remains unclear. The objectives of these studies were to determine the effect of NO exposure on endothelial NO synthase (eNOS) gene expression, enzyme activity, and posttranslational modification in cultured pulmonary arterial endothelial cells. Sodium nitroprusside (SNP) treatment had no effect on eNOS mRNA or protein levels but did produce a significant decrease in enzyme activity. Furthermore, although SNP treatment induced protein kinase C (PKC)-dependent eNOS phosphorylation, blockade of PKC activity did not protect against the effects of SNP. When the xanthine oxidase inhibitor allopurinol or the superoxide scavenger 4,5-dihydroxy-1-benzene-disulfonic acid were co-incubated with SNP, the inhibitory effects on eNOS activity could be partially alleviated. Also, the levels of superoxide were found to be elevated 4.5-fold when cultured pulmonary arterial endothelial cells were exposed to the NO donor spermine/NO. This suggests that NO can stimulate xanthine oxidase to cause an increase in cellular superoxide generation. A reaction between NO and superoxide would produce peroxynitrite, which could then react with the eNOS protein, resulting in enzyme inactivation. This mechanism may explain, at least in part, how NO produces NOS inhibition in vivo and may delineate, in part, the mechanism of rebound pulmonary hypertension after withdrawal of inhaled NO.

REFERENCE COUNT: 47 THERE ARE 47 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 26 OF 419 CAPLUS COPYRIGHT 2007 ACS on STN DUPLICATE 8

ACCESSION NUMBER: 1998:671552 CAPLUS

DOCUMENT NUMBER: 130:34174

TITLE: Role of xanthine oxidase in hydrogen peroxide production

AUTHOR(S): Lacy, Fred; Gough, David A.; Schmid-Schonbein, Geert W.

CORPORATE SOURCE: Department of Bioengineering, Institute for Biomedical Engineering, University of California at San Diego, La Jolla, CA, 92093-0412, USA

SOURCE: Free Radical Biology & Medicine (1998), 25(6), 720-727

CODEN: FRBMEH; ISSN: 0891-5849

PUBLISHER: Elsevier Science Inc.

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Increased production of oxygen free radicals may play a role in many diseases such as hypertension. As evidence indicates that xanthine oxidase may be involved in creating these reactive oxygen species, expts. were performed to addnl. characterize hydrogen peroxide (H₂O₂) production in xanthine oxidase-catalyzed reactions. In vitro measurements of hydrogen peroxide production from the xanthine/xanthine oxidase reaction were performed in buffered saline using an electrochem. technique, and the effect of allopurinol on inhibition of xanthine oxidase was determined. Expts. were also performed in blood plasma to characterize endogenous hydrogen peroxide-producing capability and xanthine oxidase activity. In the presence of sodium azide, an inhibitor of catalase, peroxide production was measured in plasma after adding xanthine or xanthine oxidase and the results were similar to those obtained in buffered saline. When only sodium azide was added to plasma, hydrogen peroxide was produced at a level of $36.1 \pm 7.6 \mu\text{M}$ ($n = 5$). From these measurements, endogenous xanthine oxidase activity was estimated to be $6.5 \pm 0.3 \text{ mU/mL}$ ($n = 5$). These results suggest that sufficient substrate exists in plasma to produce micromolar levels of hydrogen peroxide and xanthine oxidase may catalyze these reactions.

REFERENCE COUNT: 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 27 OF 419 MEDLINE on STN
ACCESSION NUMBER: 1999048742 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9831902
TITLE: Effect of DMPPO, a phosphodiesterase type 5 inhibitor, on hypoxic pulmonary hypertension in rats.
AUTHOR: Eddahibi S; Raffestin B; Le Monnier de Gouville A C; Adnot S
CORPORATE SOURCE: Departement de physiologie et INSERM U 492, CHU Henri Mondor, Creteil, France.
SOURCE: British journal of pharmacology, (1998 Oct) Vol. 125, No. 4, pp. 681-8.
Journal code: 7502536. ISSN: 0007-1188.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: (IN VITRO)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199903
ENTRY DATE: Entered STN: 2 Apr 1999
Last Updated on STN: 2 Apr 1999
Entered Medline: 25 Mar 1999

AB 1. Cyclic guanosine 3'-5'-monophosphate (cyclic GMP) is the second messenger of important physiologically active mediators controlling the pulmonary vascular tone. To potentiate the effects of cyclic GMP on the pulmonary vasculature, we used DMPPO, a new selective PDE-5 inhibitor, and examined its action in a rat model of hypoxic pulmonary hypertension. 2. Levels of cyclic GMP measured during baseline conditions at 5 and 60 min of perfusion were similar in the perfusate of isolated lungs from normoxic and chronically hypoxic rats and did not differ with time. Pretreatment with DMPPO (1 microm) induced a larger increase in cyclic GMP concentration in the perfusate from chronically hypoxic rat lungs (31 ± 36 at 5 min to $1821 \pm 83 \text{ pmol mL}^{-1}$) at 60 min) than in normoxic rat lungs (329 ± 20 to $1281 \pm 127 \text{ pmol mL}^{-1}$), $P < 0.05$). 3. In isolated lungs precontracted with U-46619, pretreatment with DMPPO (1 microm) potentiated the vasodilator effects of atrial natriuretic peptide (100 pM-10 nM) and sodium nitroprusside (1 pM 10 nM), but did not alter vasodilation to isoproterenol. 4. In conscious rats previously exposed to 15 days hypoxia and studied under 10% O₂, DMPPO (0.01, 0.05 and 0.1 mg kg⁻¹, i.v. bolus) caused a dose-dependent decrease in pulmonary arterial pressure (Pap) with no change in systemic artery pressure (Sap) and cardiac output. 5. Continuous infusion of DMPPO (0.1 mg kg⁻¹ h⁻¹)

i.v. by osmotic pumps) in rats exposed to 10% O₂ during 2-weeks reduced the Pap (P<0.05) and the degree of muscularization of pulmonary vessels at the alveolar wall (P<0.01) and alveolar duct levels (P<0.05) despite no significant change in right ventricular hypertrophy. 6. These results suggest that cyclic GMP phosphodiesterase inhibition may selectively dilate pulmonary circulation during chronic hypoxia.

L9 ANSWER 28 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1998182829 EMBASE
TITLE: Trunk muscle performance in early Parkinson's disease.
AUTHOR: Bridgewater K.J.; Sharpe M.H.
CORPORATE SOURCE: Dr. K.J. Bridgewater, Motor Control/Motor Learning Lab.,
School of Physiotherapy, University of South Australia,
North Terrace, Adelaide, SA 5000, Australia.
margie.sharpe@unisa.edu.au
SOURCE: Physical Therapy, (1998) Vol. 78, No. 6, pp. 566-576. .
Refs: 23
ISSN: 0031-9023 CODEN: PTHEA7
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
019 Rehabilitation and Physical Medicine
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 2 Jul 1998
Last Updated on STN: 2 Jul 1998

AB Background and Purpose: Altered trunk function has been observed in people with Parkinson's disease (PD). Subjects: This study investigated the trunk function of people with PD, as compared with people without PD. Methods: Range of motion (against 1 N·m of resistance), isometric torque, and isoinertial performance against moderate resistance were assessed using an Isostation B-200. Results: Group effects between the subjects with PD and the subjects without PD were found for all variables. Range of motion into extension and maximum and average isometric torque in the directions of extension and right rotation showed group effects between subjects classified as being in Hoehn and Yahr stage I and subjects classified as being in Hoehn and Yahr stage II. Conclusion and Discussion: People with PD exhibit less axial range of motion and isometric and isoinertial ability compared with persons without PD. There is a loss of the ability to extend the trunk early in the disease. These findings suggest the importance of further investigation into the role of strengthening programs soon after a diagnosis of PD in order to potentially delay changes in trunk function and subsequent functional difficulties. [Bridgewater KJ, Sharpe MH. Trunk muscle performance in early Parkinson's disease.

L9 ANSWER 29 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1998326108 EMBASE
TITLE: [Clinical management of chronic kidney failure].
PRISE EN CHARGE CLINIQUE DE L'INSUFFISANCE RENALE
CHRONIQUE.
AUTHOR: Joly D.; Anglicheau D.; Oualim Z.; Jungers P.
CORPORATE SOURCE: D. Joly, Service de Nephrologie, Hopital
Necker-Enfants-Malades, 149 Rue Sevres, 75743 Paris Cedex
15, France
SOURCE: Medecine Therapeutique, (1998) Vol. 4, No. 7, pp. 543-552.
Refs: 41
ISSN: 1264-6520 CODEN: METHFB
COUNTRY: France
DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 005 General Pathology and Pathological Anatomy
 028 Urology and Nephrology
 030 Pharmacology
 037 Drug Literature Index
 038 Adverse Reactions Titles

LANGUAGE: French
 ENTRY DATE: Entered STN: 15 Oct 1998
 Last Updated on STN: 15 Oct 1998

L9 ANSWER 30 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1998150912 EMBASE
 TITLE: Panniculitis and ulcer in a young man.
 AUTHOR: Conejo-Mir J.; Pulpillo A.; Corbi M.R.; Linares M.; Lopez A.G.; Conde F.; Navarrete M.
 CORPORATE SOURCE: J. Conejo-Mir, Virgen Roeio University Hospital, Seville, Spain
 SOURCE: Archives of Dermatology, (1998) Vol. 134, No. 4, pp. 499-504. .
 Refs: 6
 ISSN: 0003-987X CODEN: ARDEAC

COUNTRY: United States
 DOCUMENT TYPE: Journal; Article
 FILE SEGMENT: 013 Dermatology and Venereology
 037 Drug Literature Index

LANGUAGE: English
 ENTRY DATE: Entered STN: 2 Jun 1998
 Last Updated on STN: 2 Jun 1998

=> d 31-40 ibib abs

L9 ANSWER 31 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1998203325 EMBASE
 TITLE: Pulmonary reperfusion edema associated with pulmonary thromboendarterectomy.
 AUTHOR: Loubser P.G.
 CORPORATE SOURCE: P.G. Loubser, Baylor Anesthesiology, 6550 Fannin, Houston, TX 77030, United States
 SOURCE: Journal of Cardiothoracic and Vascular Anesthesia, (1998) Vol. 12, No. 3, pp. 353-357. .
 Refs: 33
 ISSN: 1053-0770 CODEN: JCVAEK

COUNTRY: United States
 DOCUMENT TYPE: Journal; Conference Article
 FILE SEGMENT: 009 Surgery
 024 Anesthesiology
 037 Drug Literature Index

LANGUAGE: English
 ENTRY DATE: Entered STN: 16 Jul 1998
 Last Updated on STN: 16 Jul 1998

L9 ANSWER 32 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1998288697 EMBASE
 TITLE: [Immunosuppressant drugs in organ transplantation].
 LES IMMUNOSUPPRESSEURS DANS LES TRANSPLANTATIONS D'ORGANES (1RE PARTIE).
 AUTHOR: Auray-Bax G.; Andanson M.
 CORPORATE SOURCE: G. Auray-Bax, Service pharmacie, Hopital de la Croix-Rousse, 93 grande rue de la Croix-Rousse, 69004 Lyon, France
 SOURCE: Lyon Pharmaceutique, (1998) Vol. 49, No. 5, pp. 253-266. .

Refs: 59
ISSN: 0024-7804 CODEN: LYPHAD

COUNTRY: France
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 026 Immunology, Serology and Transplantation
028 Urology and Nephrology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: French
SUMMARY LANGUAGE: French; English
ENTRY DATE: Entered STN: 10 Sep 1998
Last Updated on STN: 10 Sep 1998

AB Since the common use of cyclosporin in the 1980s, the marketing of new types of drugs permit doctors access to new therapeutic strategies. Thus, antirejection protocols differ from surgeon to surgeon, and standard protocols do not yet exist. After a brief review of rejection mechanisms, the authors describe the characteristics immunosuppressant drugs in France.

L9 ANSWER 33 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1998212276 EMBASE
TITLE: [Hypersensitivity syndrome and granulomatous interstitial nephritis associated with allopurinol].
SINDROME DE HIPERSENSIBILIDAD Y NEFRITIS INTERSTICIAL GRANULOMATOSA AGUDA ASOCIADA AL ALOPURINOL.
AUTHOR: Calvino J.A.; Burgos R.R.; Mardaras J.; Pintos E.; Guimil D.; Novoa D.; Arcocha V.; Lens X.M.; Sanchez-Guisande D.
CORPORATE SOURCE: Dr. J.A. Calvino, Servicio de Nefrologia, Complejo Hospitalario Universitario, C/. Galeras, s/n, 1705 Santiago de Compostela, Spain
SOURCE: Nefrologia, (1998) Vol. 18, No. 3, pp. 238-242. .
Refs: 28.
ISSN: 0211-6995 CODEN: NEFRDE

COUNTRY: Spain
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 005 General Pathology and Pathological Anatomy
006 Internal Medicine
028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: Spanish
SUMMARY LANGUAGE: English; Spanish
ENTRY DATE: Entered STN: 6 Aug 1998
Last Updated on STN: 6 Aug 1998

AB We describe a 53-year-old woman with hypertension and chronic renal failure (serum creatinine 3.2 mg/dl) who developed fever, exfoliative dermatitis, hepatocellular injury, eosinophilia and decrease of renal function after receiving treatment with allopurinol (300 mg/day) for a week. 20 days after drug withdrawal, there were no changes in her clinical status so treatment with prednisone (1 mg/kg/day) was started, leading to slow recovery of renal function and systemic symptoms. Steroid therapy was tapered off a month later, when the previous serum creatinine levels were achieved. Renal biopsy showed diffuse interstitial fibrosis and noncaseating granulomas, findings that in the absence of infectious or systemic granulomatous disease, we attribute due to the previous allopurinol therapy. The association between the allopurinol hypersensitivity syndrome and granulomatous interstitial nephritis (GIN) is discussed and some aspects of GIN are briefly reviewed.

L9 ANSWER 34 OF 419 MEDLINE on STN
ACCESSION NUMBER: 1999006156 MEDLINE

DUPLICATE 9

DOCUMENT NUMBER: PubMed ID: 9789727
 TITLE: Gout in the elderly. Clinical presentation and treatment.
 AUTHOR: Fam A G
 CORPORATE SOURCE: Division of Rheumatology, Sunnybrook Health Science Centre,
 University of Toronto, Ontario, Canada.
 SOURCE: Drugs & aging, (1998 Sep) Vol. 13, No. 3, pp.
 229-43. Ref: 74
 Journal code: 9102074. ISSN: 1170-229X.
 PUB. COUNTRY: New Zealand
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
 General Review; (REVIEW)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199812
 ENTRY DATE: Entered STN: 15 Jan 1999
 Last Updated on STN: 15 Jan 1999
 Entered Medline: 30 Dec 1998

AB Gout in the elderly differs from classical gout found in middle-aged men in several respects: it has a more equal gender distribution, frequent polyarticular presentation with involvement of the joints of the upper extremities, fewer acute gouty episodes, a more indolent chronic clinical course, and an increased incidence of tophi. Long term diuretic use in patients with hypertension or congestive cardiac failure, renal insufficiency, prophylactic low dose aspirin (acetylsalicylic acid), and alcohol (ethanol) abuse (particularly by men) are factors associated with the development of hyperuricaemia and gout in the elderly. Extreme caution is necessary when prescribing nonsteroidal anti-inflammatory drugs (NSAIDs) for the treatment of acute gouty arthritis in the elderly. NSAIDs with short plasma half-life (such as diclofenac and ketoprofen) are preferred, but these drugs are not recommended in patients with peptic ulcer disease, renal failure, uncontrolled hypertension or cardiac failure. Colchicine is poorly tolerated in the elderly and is best avoided. Intra-articular and systemic corticosteroids are increasingly being used for treating acute gouty flares in aged patients with medical disorders contraindicating NSAID therapy. Urate-lowering drugs are indicated for the treatment of hyperuricaemia and chronic gouty arthritis. Uricosuric drugs are poorly tolerated and the frequent presence of renal impairment in the elderly renders these drugs ineffective. Allopurinol is the urate-lowering drug of choice, but its use in the aged is associated with an increased incidence of both cutaneous and severe hypersensitivity reactions. To minimise this risk, allopurinol dose must be kept low. A starting dose of allopurinol 50 to 100mg on alternate days, to a maximum daily dose of about 100 to 300mg, based upon the patient's creatinine clearance and serum urate level, is recommended. Asymptomatic hyperuricaemia is not an indication for long term urate-lowering therapy; the risks of drug toxicity often outweigh any benefit.

L9 ANSWER 35 OF 419 MEDLINE on STN
 ACCESSION NUMBER: 1998271168 MEDLINE
 DOCUMENT NUMBER: PubMed ID: 9608241
 TITLE: [A case of mucocutaneous leishmaniasis treated with success with a low dose of pentavalent antimonial].
 Um caso de leishmaniose cutaneo-mucosa tratado com sucesso com baixa dose de antimonial pentavalente.
 AUTHOR: Amato V S; de Oliveira L S; Silva A C; Machado F R; Amato J G; Nicodemo A C; Amato Neto V
 CORPORATE SOURCE: Departamento de Doencas Infecciosas e Parasitarias do Hospital das Clinicas da Faculdade de Medicina da Universidade de Sao Paulo.
 SOURCE: Revista da Sociedade Brasileira de Medicina Tropical, (1998 Mar-Apr) Vol. 31, No. 2, pp. 221-4.
 Journal code: 7507456. ISSN: 0037-8682.
 PUB. COUNTRY: Brazil

DOCUMENT TYPE: (CASE REPORTS)
(ENGLISH ABSTRACT)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Portuguese
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199807
ENTRY DATE: Entered STN: 23 Jul 1998
Last Updated on STN: 10 Dec 2002
Entered Medline: 16 Jul 1998

AB The authors report a case of a 89 years-old woman with mucocutaneous leishmaniasis and previous diabetes mellitus and high blood pressure, who had been treated with allopurinol for 10 months without healing of lesions. Afterwards, she has been treated with meglumine antimonate, "glucantime" for 4 days, with a total dose 2,380 mg of SbV, but developed cardiac side effects and hypokalemia, hence the treatment was withdrawn. However, this patient developed total clinical regression of lesions, in spite of she has been received low dose of this drug.

L9 ANSWER 36 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1998293223 EMBASE
TITLE: Gout accompanying rheumatoid arthritis: A comparison of affected women and men.
AUTHOR: Wooten M.D.; Lipsmeyer E.
CORPORATE SOURCE: Dr. M.D. Wooten, Section of Rheumatology, Veterans Admin. Medical Center, 1601 Kirkwood Highway, Wilmington, DE 19805, United States
SOURCE: Journal of Clinical Rheumatology, (1998) Vol. 4, No. 4, pp. 220-224. .
Refs: 38
ISSN: 1076-1608 CODEN: JCRHFM
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 031 Arthritis and Rheumatism
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 17 Sep 1998
Last Updated on STN: 17 Sep 1998

AB The coexistence of rheumatoid arthritis and gout has been recognized as a rare event. We report a case of a premenopausal woman who was discovered to have tophaceous gout at age 41 after having had rheumatoid arthritis for 16 years. She developed nephrotic syndrome from auranofin and renal insufficiency from hypertension, which led to hyperuricemia. Twenty-two cases of coexistent rheumatoid arthritis and gout have been reported, and 16 were in men, whereas six were in women. Women were more likely than men to develop rheumatoid arthritis first, whereas men were more likely to develop gout first. Both tophi and rheumatoid nodules are common in these patients, with tophi being slightly more common in women and more often found on the hands. No statistically significant differences exist in the serum uric acid levels of women with both types of arthritis compared with men. Renal insufficiency is a risk factor for the subsequent development of gout in women with rheumatoid arthritis. Both rheumatoid arthritis and gout should be investigated for in patients with features suggestive of both diseases.

L9 ANSWER 37 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1998319365 EMBASE
TITLE: Aphthous ulcers of the mouth associated with losartan [1].
AUTHOR: Goffin E.; Pochet J.-M.; Lejuste P.; De Plaen J.-F.
CORPORATE SOURCE: Dr. E. Goffin, Service de Nephrologie, Cliniques

Universitaires Saint-Luc, Avenue Hippocrate 10, B-1200
Bruxelles, Belgium
SOURCE: Clinical Nephrology, (1998) Vol. 50, No. 3, pp. 197. .
Refs: 8
ISSN: 0301-0430 CODEN: CLNHBI
COUNTRY: Germany
DOCUMENT TYPE: Journal; Letter
FILE SEGMENT: 011 Otorhinolaryngology
028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
ENTRY DATE: Entered STN: 9 Oct 1998
Last Updated on STN: 9 Oct 1998

L9 ANSWER 38 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1998056692 EMBASE
TITLE: Side effects of immunosuppressant therapies used in neurology.
AUTHOR: Machkhas H.; Harati Y.
CORPORATE SOURCE: Dr. H. Machkhas, Department of Neurology, Baylor College of Medicine, 6550 Fannin, Houston, TX 77030, United States
SOURCE: Neurologic Clinics, (1998) Vol. 16, No. 1, pp. 171-188. .
Refs: 151
ISSN: 0733-8619 CODEN: NECLEG
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 008 Neurology and Neurosurgery
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 2 Apr 1998
Last Updated on STN: 2 Apr 1998

AB This article provides an overview of the clinically relevant complications of the main immunosuppressants currently used in the treatment of neurologic disorders with suspected or established immune etiology. The most serious complications are discussed in detail, including pathophysiology and preventative measures. An intimate knowledge of these complications proves helpful in the day to day practice of the neurologist supervising immunotherapy.

L9 ANSWER 39 OF 419 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1998097178 EMBASE
TITLE: Polypharmacy: A case report and new protocol for management.
AUTHOR: Lee R.D.
CORPORATE SOURCE: Dr. R.D. Lee, Page Rural Health Center, 294 East Main St, Stanley, VA 22851, United States
SOURCE: Journal of the American Board of Family Practice, (1998) Vol. 11, No. 2, pp. 140-144. .
Refs: 28
ISSN: 0893-8652 CODEN: JABPEJ
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 16 Apr 1998
Last Updated on STN: 16 Apr 1998

AB Background: Polypharmacy is an important issue in primary care, yet few data are available concerning its prevalence, complications, and management in clinical medicine. The following case illustrates the clinical perils of polypharmacy and serves as a point for critical discussion. Methods: MEDLINE was searched, using the key word 'polypharmacy,' from 1994 to the present. A case report of polypharmacy is described, and a novel protocol for the management of polypharmacy is proposed. Results: Polypharmacy can lead to unnecessary expense, wasted time, and embarrassment on the part of the patient and confusion and mismanagement on the part of the physician. The literature reveals controversy surrounding the definition of polypharmacy and reflects the considerable morbidity and expense associated with polypharmacy. Finally, the SAIL protocol shows that physicians need to keep in mind simplicity, adverse effects, indications, and a precise list of all medications to manage appropriately a patient's drug regimen. Conclusions: Polypharmacy is associated with morbidity and iatrogenic complications. The SAIL protocol can be a useful tool in the management of this entity. More research needs to be done on the prevalence, complications, and management of polypharmacy.

L9 ANSWER 40 OF 419 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

ACCESSION NUMBER: 1998:174243 BIOSIS
DOCUMENT NUMBER: PREV199800174243
TITLE: Losartan and renal transplantation.
AUTHOR(S): Horn, Sabine; Holzer, Herwig; Horina, Jorg
CORPORATE SOURCE: Div. Nephrol., Dep. Med., Karl Franzens Univ., A-8036 Graz, Austria
SOURCE: Lancet (North American Edition), (Jan. 10, 1998)
Vol. 351, No. 9096, pp. 111. print.
ISSN: 0099-5355.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 6 Apr 1998
Last Updated on STN: 6 Apr 1998

EAST Search History

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L1	5924	allopurinol or carprofen	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/09/07 11:46
L2	5924	L1	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/09/07 11:46
L3	67373	hypertension	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/09/07 11:46
L4	67373	L3	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/09/07 11:46
L5	1127	L1 and L3	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/09/07 11:47
L6	8492	"uric acid"	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/09/07 11:47
L7	8492	L6	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/09/07 11:47
L8	188	L5 and L6	US-PGPUB; USPAT; EPO; DERWENT	OR	ON	2007/09/07 11:47